

State of Alaska
 Department of Community and Economic Development
 Division of Occupational Licensing
 Board of Registration for Architects, Engineers and Land Surveyors
 333 Willoughby Avenue
 P.O. Box 110806, Juneau, Alaska 99811-0806
 Telephone: (907) 465-2540 Facsimile: (907) 465-2974
 E-mail: license@dced.state.ak.us

VERIFICATION OF REGISTRATION AND EXAMINATION

APPLICANT: THERE IS A \$20 FEE FOR THIS REQUEST. MAKE CHECK PAYABLE TO STATE OF ALASKA. REGISTRATION BOARDS REQUIRE THAT YOU INCLUDE A STAMPED, ADDRESSED ENVELOPE WITH THIS VERIFICATION, WHICH MUST BE COMPLETED BY THE STATE ISSUING ORIGINAL REGISTRATION AND RETURNED DIRECTLY TO THE ALASKA BOARD AT THE ADDRESS GIVEN ABOVE. TOP PORTION TO BE FILLED IN BY THE APPLICANT:

NAME AND MAILING ADDRESS OF BOARD SUBMITTING THIS VERIFICATION	(Applicant Name)
	(Mailing Address)
	(City) (State) (ZIP Code)
	(Telephone Number)
	(SS#) (Date of Birth)

THIS PORTION TO BE FILLED IN BY THE VERIFYING BOARD:

I. The above-named person was/is registered as:

	Cert. Number	Date Issued	Valid Until
<input type="checkbox"/> Professional Engineer in _____ (list discipline)			
<input type="checkbox"/> Professional Land Surveyor			
<input type="checkbox"/> Professional Architect			

II. Exam Verification

The above-named person passed the following examination(s):

	Hours	Results	NCEES: YES/NO	Exam Date
1. <input type="checkbox"/> Written Examination:				
Discipline: _____	FE _____	_____	_____	_____
	PE _____	_____	_____	_____
	FLS _____	_____	_____	_____
	PLS _____	_____	_____	_____
	OTHER _____	_____	_____	_____
NCARB A.R.E. Division: _____	_____	_____	_____	_____
OTHER (use back if needed): _____	_____	_____	_____	_____
2. <input type="checkbox"/> Oral Examination: _____ hrs PE _____ hrs PLS _____ hrs A.R.E.				

3. ☐ FE/FLS accepted from: _____

☐ PE/PLS accepted from: _____

4. ☐ Other: _____

III. Has any disciplinary action been taken on this license? ☐ No ☐ Yes (Please explain on reverse side)

IV. Remarks: _____

BY: _____

TITLE: _____

STATE: _____

(BOARD SEAL)

DATE: _____